

# EPIDEMIOLOGY OF GONORRHOEA IN BULGARIA\*

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The incidence of gonorrhoea in Bulgaria has been falling since 1955, after having remained more or less stationary during the years following the Second World War. The figures for 1959 are 70 per cent. less than those for 1953 (Table).

TABLE  
CASES OF GONORRHOEA IN BULGARIA, 1953-59

Year .. ..	1953	1954	1955	1956	1957	1958	1959
No. of Cases ..	7,354	6,453	4,410	3,601	3,001	2,377	2,193

The morbidity rate in 1959 was estimated at 2.9 per 10,000 inhabitants. There were 1,727 cases

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in urban areas and only 466 in the rural areas, where about two-thirds of the total population of Bulgaria is to be found.

The distribution by age and sex is given in Fig. 1, which shows that the disease is twice as frequent in men as in women.

The few cases in children under 14 years of age were contracted non-venereally from an infected adult member of the family.

Isolated cases have also been found in day nurseries as a result of infection from outside, and for this reason prophylactic treatment is given to all children in contact with the disease (Popchristov and Alcalai, 1957), and the staff in day nurseries are examined monthly. The Cr  d   method is employed to prevent ophthalmia neonatorum.

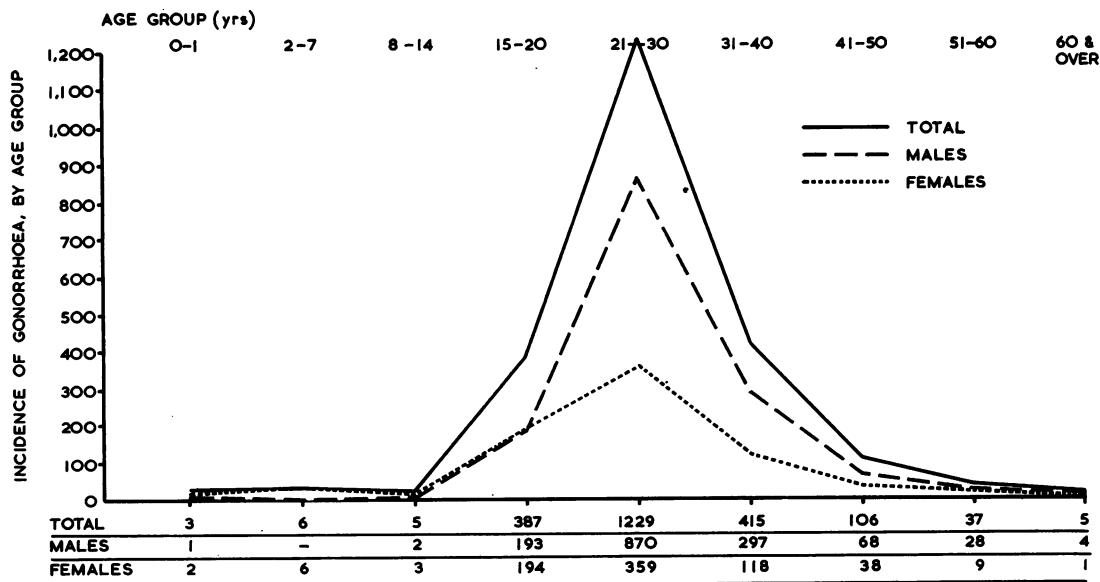


FIG. 1.—Distribution of gonorrhoea by age and sex.

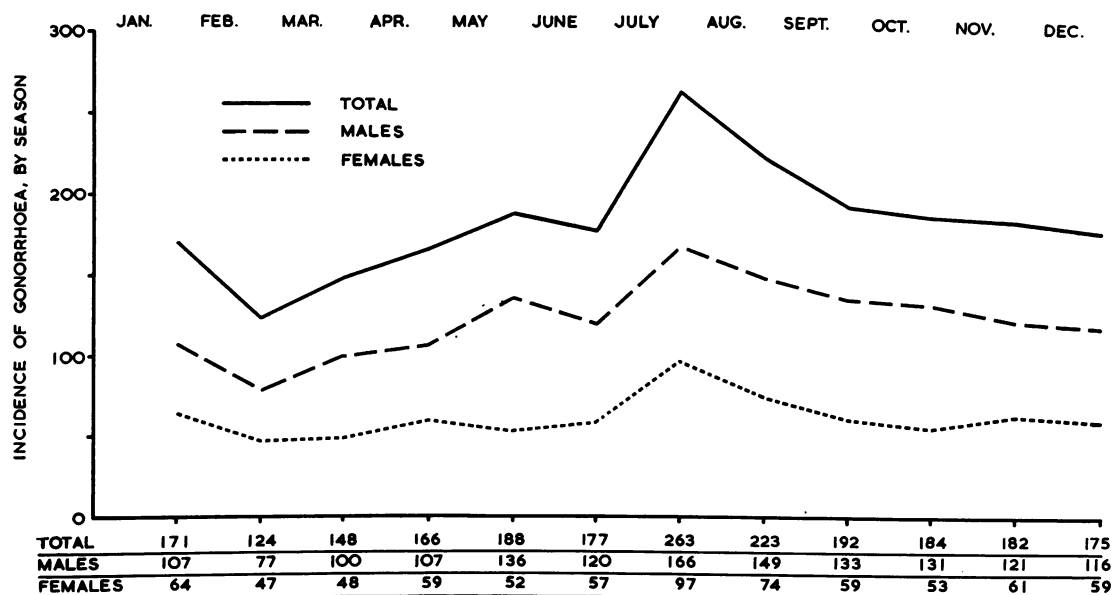


FIG. 2.—Distribution of gonorrhoea by sex and season of the year.

The seasonal incidence is shown in Fig. 2. The highest numbers of new cases are reported in July and August when conditions favour casual sexual relations. The numbers of male patients are higher and more fluctuating than those of female patients.

Acute gonorrhoea is six times more common than the chronic type, but in 1959 only 3 per cent. of the 1,469 male patients had chronic gonorrhoea whereas among 730 female patients the proportion was 40 per cent. Chronic asymptomatic gonorrhoea in women is one of our most serious problems, and in order to unmask these cases gynaecologists are obliged to carry out full laboratory tests in all women with genital inflammation.

An important weapon in the control of communicable diseases is the rapid diagnosis and registration of new cases. In Bulgaria, all physicians, including those in private practice, are required to report all new cases of venereal disease. A special form is filled in for the use of the health authorities, and a treatment card is made out for each patient, which must be lodged within 24 hours at the clinic serving the patient's home district. The treatment card is held by the service responsible for treating the patient. Every six months a general report is sent by each clinic to the Ministry of Health and the Institute for Scientific Dermato-Venereological Research in Sofia which analyses the statistical data for the whole country.

Operations for the control of venereal diseases, including gonorrhoea, are directed by the Ministry of Health in collaboration with the Institute for Scientific Dermato-Venereological Research. The country is divided into thirteen regions, each with a special out-patient clinic, staffed by specialists in dermato-venereology, including contact-tracing and treatment. The clinics act as both directive and executive authorities within their respective areas. In addition, 62 of the hospitals and polyclinics in the towns provide out-patient services under the direction of medical specialists, which give both prophylactic and curative treatment.

The clinics' work includes detection of cases and contacts; application of active treatment; supervision of patients up to complete cure and instruction in occupational and social hygiene.

*Contact-Tracing.*—When a physician diagnoses venereal disease in a patient, he is required to take all the necessary steps to find the source of contamination and the patient's contacts with as little delay as possible. This is done through personal interviews undertaken by voluntary female workers, but in cases of refusal, an administrative order is issued. If the person found to be the source of contamination lives in another district, the clinic in that district is notified accordingly.

During 1959, the contaminating source was

detected and subjected to treatment in 60 per cent. of the cases of gonorrhoea, and 90 per cent. of the contacts were examined.

Prostitution is illegal in Bulgaria and it is now almost non-existent. The economic and political conditions which made women dependent upon men have been abolished; women are on the same level as men both economically and socially, and sexual relations are no longer entered into for material considerations. The most frequent sources of infection are friends, casual acquaintances and, less frequently, husbands and unknown persons. People meet in the normal course of life, through common interests, at meals, etc., and as a rule relationships are based on free will without any question of remuneration.

*Treatment.*—Venereal diseases are usually treated by penicillin and streptomycin in accordance with treatment schedules approved by the Ministry of Health, but physicians may also prescribe other suitable treatment according to circumstances.

When patients with gonorrhoea are treated with penicillin, serological tests for syphilis are carried out for 6 months from the date of contamination so as to prevent any case of masked syphilis from being overlooked.

Treatment is completely free in hospitals and polyclinics, and in some cases the patients' travelling expenses are paid by the clinics.

*Legal Sanctions.*—Since the State provides free treatment for persons suffering from venereal

diseases, they are required to subject themselves to such treatment, and any refusal is punishable by law, but up to the present time the measure has not had to be enforced.

There are also legal provisions concerning persons who knowingly contaminate others, but so far these measures have very rarely had to be applied on account of the high sense of duty among the inhabitants of Bulgaria.

Medical secrecy with respect to venereal diseases is protected by law, but a judge may free a physician from his obligation in this respect. If public interest is endangered, the physician may decide how far his concealment of certain circumstances may be prejudicial to society in general.

### Summary

Gonorrhoea morbidity in Bulgaria is low and is gradually decreasing. The national dermato-venereological organization, directed and supported by the State, is designed to ensure the eradication of this disease.

### REFERENCE

Popchristov, P., and Alcalai, M. (1957). *Sovr. med.*, 9.

### Épidémiologie de la gonorrhée en Bulgarie

#### Résumé

La morbidité de la gonorrhée en Bulgarie est faible et diminue progressivement. L'organisation nationale dermato-vénérologique, appuyée et dirigée par l'Etat, est à même d'assurer l'éradication de la gonorrhée.